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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

6-21-05 1715PS

Application Number <i>10/809807</i>	Filing Date
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Applicant(s)

• May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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Total Indep			8		8	
Total Depend			24		24	
Total Claims			32		32	

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
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Total Claims						

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